

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	Mushtaq Ahmad	COURT CASE NUMBER	1: 18-CV-3494 (WFK)(LB)
DEFENDANT	New York City Department of Education; et. al.	TYPE OF PROCESS	Order, Summons, Complaint
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	Carmen Farina, Chancellor of the New York City Department of Education		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	52 Chambers Street, New York, NY 10007		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	3
<div style="border: 1px solid black; padding: 5px;"> Mushtaq Ahmad 10 Parliament Drive New City, NY 10956 </div>		Number of parties to be served in this case	13
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

IN CLERK'S OFFICE  
US DISTRICT COURT E.D.N.Y.

★ AUG 20 2018 ★

BROOKLYN OFFICE

Signature of Attorney/other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
		(718) 613-2610	7/20/18

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	3	No. 53	No. 53	<i>[Signature]</i>	7/25/18

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Betty Mazyck Service window clerk	
Address (complete only different than shown above)	Date
100 Church St, NY, NY	8/9/18
New York, NY	Time
	1:25
	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy
	<i>[Signature]</i> 3836

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
\$130.00	\$5.40	—	\$135.40		\$0.00

REMARKS:  
was told by staff to take to Legal Dept @ 100 Church St.

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED